DOCUMENT# 764252

Entity Name: MT. ZION NEW CONGREGATIONAL METHODIST CHURCH, INC.

Current Principal Place of Business:

14670 SR 121 N. MACCLENNY, FL 32063

Current Mailing Address:

P.O. BOX 297 MACCLENNY, FL 32063

FEI Number: 59-3011355

Name and Address of Current Registered Agent:

MALONEY, FRANK E., JR. 5 W. MACCLENNY AVE MACCLENNY, FL 32063 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Address

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	ST
Name	CHESHIRE, TIM	Name	DAVIS, WANDA
Address	5575 HUCKLEBERRY TRAIL N.	Address	P.O. BOX 125
City-State-Zip:	MACCLENNY FL 32063	City-State-Zip:	SANDERSON FL 32087
Title	D	Title	D
Name	DAVIS, V. PETE	Name	CREWS, TERRY
Address	PO BOX 125	Address	10150 JARED & SARAH'S PLACE
City-State-Zip:	SANDERSON FL 32087	City-State-Zip:	SANDERSON FL 32040
Title	D	Title	D
Name	GORE, POLLY	Name	HARRIS, MARY
Address	1128 COPPER GATE	Address	169 N LOWDER STREET
City-State-Zip:	MACCLENNY FL 32063	City-State-Zip:	MACCLENNY FL 32063
Title Name	DEACON PITTS, DON		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WANDA DAVIS

21450 RED MAPLE C

City-State-Zip: SANDERSON FL 32087

SECRETARY

01/15/2013 Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 15, 2013 Secretary of State CC3994189263

Date